LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



Postmark Date: ()

FOR OFFICE USE ONLY

Instructions

Print in tak or type.

Porm 601, Rev. 10/2002

- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

requiring registration. It must be submitted within 10 days of any terminations of employment or representations.	
I. NAME Hadder William Adom	001014
2. BUSINESS PHONE 225-344-0381	7 8
3. BUSINESS ADDRESS 521 Laure Street Botton Rouge LA Street and No. City State	70%) 8 8
MAILING ADDRESS Street and No. City State Street and No. City State	
4 EMPLOYER Harris, DeVille & Resociates Inc	•
5. EMPLOYER'S ADDRESS 501 1 100 Street and No. City State	70701
6. Have you ceased or terminated all lobbying activities requiring registration? Yes No_	<u> </u>
7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating person, group, or organization listed; (c) the type of business each is engaged in or the purpose group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of terminating the content of the client or someone else pays you to lobby; and (e) the date of terminating the content of the client or someone.	At formation of the court of the
1. Name 115 540 ages	
Address 2309 Coach light Drive, Edmond OK	730/3
Business or purpose M/14-5M2	
New Representation Does this person pay you? 1165	
If No, who pays you?	
Terminated Representation as of	

SUPPLEMENTAL REGISTRATION FORM



2.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of
3.	Name
	Address
	Business or purpose
	New Representation Does this person pay you?
	If No, who pays you?
	Terminated Representation as of

CERTIFICATION OF ACCURACY

I hereby certify that the information contained berein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

Form 501, Flor. 10/2002